

Maryland Department of Budget & Management

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Office of Personnel Services and Benefits

ROBERT L. EHRLICH, JR. Governor

JAMES C. DIPAULA Secretary

MICHAEL S. STEELE Lieutenant Governor

PEP Statistical Data Collection Form For Management, Skilled, and Professional Service Employees Only (Please print or type)

Employee's Name:			
Employee's Name:	(Last Name,	First	MI)
SSN:	PIN:		Class Code:
EOD:	Agency	Code:	
		(i.e. 26.	01.01)
Rating Period: Fro	m:	To:	
Overall Performance Rating			
RATER:			
		(Print Name)	
CONTACT PERSON	l:		PHONE NUMBER:
	(Print Nam	e)	
REVIEWED BY:			
	(Signature	of Appointing A	uthority or Designee)
The completed form	n must be mailed to) :	

Employee Development and Training Institute
Department of Budget & Management
300 W. Preston Street, Room 204
Baltimore, Maryland 21201
410-767-4247

OPSB Form No. PEP- 01 Rev. 4/03